



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 401		DATE: 3/3/2021	
COMMITTEE: Children and Families			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ARNIE C. AC "HONEST-ABE" DIENOFF-STATE PUBLIC ADVO		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: arniedienoff@yahoo.com	ATTENDANCE: Written		SUBMIT DATE: 3/3/2021 5:35 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

I strongly Support this bill



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 401		DATE: 3/3/2021	
COMMITTEE: Children and Families			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: BRAD MATTHEW FRITZ		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: bradfritz@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 3/3/2021 10:05 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 401		DATE: 3/3/2021	
COMMITTEE: Children and Families			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: GARRETT WEBB		PHONE NUMBER: 219-229-1104	
REPRESENTING: MISSOURI CHAPTER, AMERICAN ACADEMY OF PEDIATRICS		TITLE: REGISTERED LOBBYIST	
ADDRESS: 710A SOULARD STREET			
CITY: SAINT LOUIS		STATE: MO	ZIP: 63104
EMAIL: webb@coestrategies.com	ATTENDANCE: Written	SUBMIT DATE: 3/3/2021 9:45 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 401		DATE: 3/3/2021	
COMMITTEE: Children and Families			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: HEIDI GEISBUHLER SUTHERLAND		PHONE NUMBER: 573-636-5151	
REPRESENTING: MISSOURI STATE MEDICAL ASSOCIATION		TITLE: DIRECTOR OF GOVERNMENT RELATIONS	
ADDRESS: 113 MADISON ST			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL: heidi@msma.org	ATTENDANCE: In-Person	SUBMIT DATE: 3/2/2021 7:08 PM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 401		DATE: 3/3/2021	
COMMITTEE: Children and Families			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: HENRIO THELEMAQUE		PHONE NUMBER: 678-799-4815	
REPRESENTING: MISSOURI PHARMACY ASSOCIATION		TITLE:	
ADDRESS: PO BOX 2303			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/3/2021 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 401		DATE: 3/3/2021	
COMMITTEE: Children and Families			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: KENDALL MARTINEZ-WRIGHT		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/3/2021 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 401		DATE: 3/3/2021
COMMITTEE: Children and Families		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: LUKE BARBER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: luke.t.barber@umsl.edu	ATTENDANCE: Written	SUBMIT DATE: 3/2/2021 9:28 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I'm a 25 year old individual who has Medicaid. I have an Allergy to EDTA and was advised to carry an Epinephrine Auto Injector ... However due to rules regarding Medicaid I have been unable to get one as my doctor could not get the pre approval. I could not afford the \$400 out of pocket for each Epi Pen. It has gotten to a point that if I have a reaction that I have to try to get to a medical professional quickly enough to prevent my airways from closing. I literally almost went into Anaphylactic shock but was luckily was able to be reversed before it got dangerous, had I been able to have an epi pen it could have been resolved much quicker in only a matter of minutes. I would propose an Amendment to raise the age and to require state insurance such as MoHealthnet to cover it. These changes could be lifesaving and allow more the opportunity to carry an Epi Pen



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 401		DATE: 3/3/2021	
COMMITTEE: Children and Families			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: BRANDON KOCH		PHONE NUMBER: 573-893-4241	
REPRESENTING: MISSOURI INSURANCE COALITION		TITLE:	
ADDRESS: 220 E. HIGH STREET, STE B			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/3/2021 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			